

ORAL HYGIENE

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JULY, 1922

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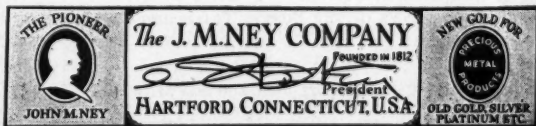
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ORAL HYGIENE

Registered in U. S. Patent Office—Registered in Great Britain

FOUNDED 1911

JULY, 1922

VOL. XII, No. 7

Mastication



WHEN you bite, you exert a pressure of from one hundred and twenty-five to two hundred and fifty pounds. When nature gave us our powerful machinery for chewing, she expected us to use it thoroughly.

Our teeth and jaws, normally, have all of the force that is needed to break up, mash and macerate our food so that it will be acceptable to the stomach.

The stomach can do its work properly if the mouth has done its duty and the intestines cannot do their work unless the teeth and stomach have finished their part.

Chew every particle of your food thoroughly so that the food will not only be finely separated but will also be properly mixed with saliva.

Food is expensive and energy is valuable. Turn your food into energy.

No. 7. Of a series of health talks, the text of which is approved by the National Dental Association.

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DENTAL WELFARE FOUNDATION
Pittsburgh, U.S.A.

THIS IS THE SEVENTH DENTAL WELFARE CARD

Few people realize the enormous pressure of the jaws, and fewer still know that the reason for chewing food is to simplify the work of the alimentary tract. 450,662 families receive this card in July.

The History of Los Angeles

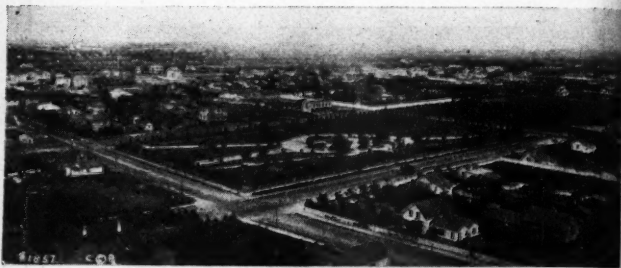
By EDMUND J. KELLY, D.D.S., Los Angeles, Cal.

The author acknowledges help in compiling this data from the following books, which he has quoted freely:

California, by Mrs. A. S. C. Forbes.

California; Its History and Romance, by John P. McGroarty.

Los Angeles from the Mountains to the Sea, by John P. McGroarty.



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Central Park, Los Angeles, about 1880. Now known as Pershing Square, when the entire square is surrounded by skyscrapers. The lower right hand corner shows the site of the new four million dollar Biltmore Hotel. Notice the orange grove at the right of the square; this land is now covered by modern office buildings.



HE Pueblo of Los Angeles was founded September 4, 1781 by Governor Felipe de Neve. The site had been noted in 1769 by the expedition under the first Governor Don Gaspar de Portola when he, accompanied by Fr. Juan Crespi and sixty-four volunteers, went north from San Diego in search of Monterey.

On August 2nd the party forded the Rio de Porciuncula, now known as the Los Angeles river and stopped in the Indian village of Yang Na. The river was named Porciuncula because on August 2nd the members of St. Francis celebrated

the feast of Porciuncula, a word which means, literally, a small portion, share or allotment.

The name Porciuncula was originally given to a slip of land of a few acres that stood at the foot of the hill at Assisi, Italy and on which stood a little chapel called Capella della Porciuncula and also Santa Maria Degli-Angeli (Our Lady of Angels) from which Los Angeles gets its name.

In 1781 Governor Neve's Reglamento for the Government of California went into effect, provisionally by order of the Commandante, Gen. Croix, of Mexico. It made provisions for the establish-

Los Angeles in early eighties. View of Temple and Main streets. The post-office now occupies the site of the "crockery store." The present Court House and Hall of Records are half-way up the hill, on the left.



© C. C. Pierce & Co., Los Angeles

ment of a pueblo on the Rio de Porciuncula to be called Nuestra Senora de Los Angeles. According to those regulations settlers were to be obtained from older provinces and established in California. Each settler was to be granted a house lot and a tract of land for cultivation—hence all the real estate agents we have here today!

Aside from this, the settler was to receive an annual sum of \$116.50 for two years and \$60 for the next three, the amount to be paid in clothing and other necessary articles at cost price. Pasturage, wood and water were to be free. And also the settler was to be free from all taxation or tithes during a period of five years—no H.C.L. worries in those days!

The location selected for Los Angeles was occupied by a

small band of Indians called Yang Na, quite shiftless, migratory and worthless. After a ceremony of speech-making, procession and prayers, an allotment of land was made. The building lots faced upon a plaza laid out as an oblong space with the four corners toward the cardinal points. The town was therefore on the bias, a fact that is rather good when considered from a health standpoint, for each room has the benefit and cheer of the sun daily.

The original plaza was not the one of today only one corner of which touches the old plaza, which began at the south-east corner of Marchessault and upper Main, near the church of Our Lady of the Angels, which still stands. The church and the rectory are in very good repair. The rectory opens upon an interior

court or patio, in the center of which rises a stately palm that was planted there in the pueblo days. Nearby is a Camiño Real bell, the first one to be erected. Both the cross and the bell are the emblems always carried and first planted by Fr. Junipero Serra and his band of missionaries.

This plaza church, as it is generally known, is the first and principal landmark of Los Angeles. It has been restored by the people of the parish, without losing its identity, and yet has been transformed into a commodious house of worship and the rectory into a comfortable habitation.

We have seen that the city of Los Angeles began its earthly career on a bright September morning of the year 1781. We have seen, also, that the original population was not composed of persons who might be called peculiarly desirable. However, they had at least one virtue, which was that they were "stayers" also "boosters." All but three or four of them settled down in their new habitations and appear to have been ordinarily industrious. They built adobe houses in which to live, and enclosed the pueblo in an adobe wall. This was done either to repel human invasions or to keep out jack rabbits and coyotes. It is difficult now to decide, but it is probable that they built the wall mainly for the reason that it

was the fashion to do so in those times.

In the year 1790, nine years after the foundation of the city, a census was made, the details of which can not fail to be of interest, not only to the residents, when Don Felipe de Neve's little "come along" town is pushing its population toward the million mark, but to the many thousand of our Eastern brethren.

The census of the year 1790 showed exactly 141 souls. It must be admitted that this was an exceedingly slow growth for a town to make in nine years, but the fact remains that for many times nine years Los Angeles grew slowly. In 1890, one hundred years after the first census was taken, the population had reached only 50,000. It was about that time, however, that Los Angeles began to jump and in the past generation has spread out in territory and population until to-day we claim, modestly now mind you! modestly, 700,000 (not including tourists).

In the early days the population included so many disreputable characters that it was difficult to find a good man to serve in the office of mayor. Jose Vanegas, the first mayor or "alcalde" as he was called appears to have made such a poor fist of his job that Governor Fages felt impelled to put a boss over him and over the magistrate of the pueblo as well.*

*This is a good idea. —Editor ORAL HYGIENE

Such a condition does not obtain today as the competition for the job is keen and we have plenty of candidates for the mayoralty every four years.

Those old days are no more. Los Angeles is a changed town. And yet it seems as though some of these old traditions will always remain with us.

The parks of Los Angeles, now multiplied many fold from their old mother, the Plaza, are the scenes of many civic celebrations.

Of the ten or more city parks brief mention should be made of Pershing Square, formerly called Central Park, because so much of the business development of Los Angeles is centered around it.

This square is part of the original land of the Pueblo of Los Angeles, dedicated for park purposes in 1866. Its location is Hill, Sixth, Olive and Fifth streets; seating capacity (on the walks) for several thousand people; plenty of standing room also and this space is occupied by all the "soap box" orators of the city. On pleasant days groups of these "wise" boys may be seen settling the great questions of the world. You can get an argument on any subject: how to run the government, prohibition, the down-trodden working man, the price of corn in Iowa or who will win the next World's Series.

THE ABILA HOUSE

The old adobe building stand-

ing a few rods north of the present Plaza at 14, 16, 18 Olivera street, was the residence of Dona Abila, widow of Don Francisco Abila. During the battle of Los Angeles, which was fought January 8th and 9th 1847, she fled from the home to the house of Louis Vignes, a nephew. Commodore Stockton was victorious and when he entered the town he found the deserted home and appropriated it as his headquarters. The landmark has changed but little since that day.

THE BELL HOUSE

Alexander Bell owned the most pretentious house in Los Angeles. It stood at the southeast corner of Los Angeles and Aliso streets. As there "was nothing too good for John C. Fremont," when he was appointed Governor of California by Commodore Stockton he appropriated the Bell home as gubernatorial headquarters. Some years ago the old Bell house was torn down and a modern brick building erected in its place.

FORT MOORE

Fort Moore is only an historic site. No part of the fortifications remain but there is some interesting history connected with the old fort, or rather the two old forts that were built on the site. The fort was dedicated and named on July 4th 1847, by order of Col. J. B. Stevenson, then in command of the southern military district.

A paragraph in the order reads: "The field work at this post having been planned and the work conducted entirely by Lieut. Davidson of the First Dragoons, he is requested to hoist upon it for the first time, on the morning of the 4th, the American standard."

A flag pole one hundred and fifty feet in length had been furnished on contract by Juan Ramiriz who brought it from Mill Creek in the San Bernardino Mountains. Ramiriz, with a number of carretas, a small army of Indian laborers and ten Mormon soldiers as protection against mountain Indians, brought down two tree trunks, one eighty feet and

the other nearly ninety feet long. These were strapped to the axles of a dozen carretas and each drawn by twenty yoke of oxen, each outfit with an Indian driver. The carpenters among the soldiers spliced the timbers, making a magnificent pole one hundred and fifty feet high, from which the flag flung to the breeze. It was located at the southeast corner of what is now North Broadway and Fort Moore place.

So, members of the N. D. A.—come and see us. You'll find us regular fellows and we will make your stay pleasant and profitable. Plenty of room for everybody, so come!

Spread of Dental Clinics

According to returns received in reply to a questionnaire recently sent out by the United States Bureau of Education, 286 cities in the United States have established dental clinics in connection with their public school systems. These clinics receive support in 181 instances from the city boards of education; in 33 from the city health departments; in 22 from health departments and boards of education jointly, and in 50 from the Red Cross or private donations.

Massachusetts outranks all other States with respect to number of cities maintaining dental clinics, laying claim to 34 of the total of 286; then comes New York State with 23, New Jersey, 21; Illinois, 17; Michigan, Ohio and Wisconsin, 16 each; Indiana and Pennsylvania, 14 each; California, 11; Rhode Island, 8, and the remaining States from 7 to 2 each.

—*New York Times.*

Some Observations on Dental Caries

By GEO. E. PAYNE PHILPOTS, D.D.S., Caulfield, Australia.

University of Pennsylvania, U.S.A., Dental Surgeon Children's Hospital,
Melbourne; Methodist Home for Children, Cheltenham;
Melbourne Benevolent Asylum



THE idea seems to have gotten hold of some members of the dental profession and of the public that the mere ending of each meal with fruit will give immunity from dental decay, on account of the fruit acid acting as a hormone and causing the saliva to be neutral or slightly alkaline half an hour after.

The statement that fruit is the best means of cleaning a child's mouth still holds good, as far as my observations are concerned with my son now 5 years 4 months old, who has ended practically each meal with fruit, for preference an apple, and has never used a tooth brush or dentifrice.

Personally, I never had any confidence in tooth pastes especially of the alkaline nature. In my student days and early years of practice I always told my patients that boracic acid was the best tooth powder, and used it myself for 20 years.

Old patients often tell me they are still using boracic acid, and would never change, because it leaves such a clean taste in their mouths.

Tooth pastes have mighty

little to offer in the way of preventing decay of teeth. The public has been educated to use these preparations—at most they can only expect a cosmetic effect.

The incorporation of mild antiseptics must have some effect in warding off pyorrhea alveolaris, and in keeping the breath sweet.

Now comes the great controversy whether an alkaline, acid or neutral tooth paste should be used.

Pickerill and other eminent workers have put up some unanswerable arguments against the alkaline tooth paste, which have been used all along the line with the progress of dental decay, and our teeth are getting worse and worse.

The acid tooth paste is not a practical proposition, and is only moonshine, as far as the fantastic claims made by the manufacturers are concerned.

In this respect I quite agree with C. Edmund Kells, D. D. S., of New Orleans, Louisiana, whose interesting paper will be found in Vol. VIII, No. 8, *The Journal of the National Dental Association*.

The only rational way out, considering the harm claimed

to be done by alkaline and acid dentifrices, is to use a neutral dentifrice flavoured with some suitable, essential oil, which would act as a salivary stimulant, and a mild antiseptic, containing no alkaline, thus avoiding the precipitation of the phosphates from the saliva.

I am unable to comprehend how any modern dentist can believe that insoluble alkaline earths can follow the germs of decay as the tooth paste manufacturers claim, into their snug "dug outs" even through fairly solid dentine.

Then again for the acid dentifrice manufacturers to claim that their product will cause an alkaline saliva to be formed that will rush off and destroy the enzymes as in the case of the alkaline paste, is but MOONSHINE, Brother Dentists!!!

The Public will use dentifrices just as our charming ladies use face powders, which we must admit, when used by a woman of artistic taste, is an improvement, which we know to be less than skin deep.

Let us look to other fields than the saliva for solution of our national bad teeth.

The question of food deficiency looms higher and higher on the horizon every time we give dental caries serious thought.

Not only dental caries but many other diseases owe their start to food deficiency.

It has long been latent in my mind that many of the weak spots in teeth, which are attacked by micro-organisms,

are really formed in embryo.

Much has been written about the Vitamin B. (the fat soluble) absence of which is the accepted cause of rickets, and many observers have said bad teeth are a form of rickets.

As you know the early start of the human tooth really comes from the epihlactic layer of the blastoderme; in other words, the enamel is of external origin. The teeth are, therefore, dermal appendages. Is it not possible that mothers while child-bearing are deprived of the No. 3 Vitamin (anti-scorbutic) and thus produce a mild form of scurvy, which causes the ameloblasts to be of an inferior quality, and never to become properly calcified?

We, as dentists, know that the enamel must yield first to dental caries even by a minute defect, while other portions of enamel on the same tooth have been able to resist decay.

Therefore the proper feeding of the mother during child-bearing is most important.

When the child is born it is also most important that a dietary containing all vitamins be used.

Granted that it is the duty of every true mother to feed her child at the breast, she should see that she takes only those foods which are rich in vitamins. Especially fruit, on account of it containing the No. 3 Vitamin which may play such an important part in the formation of good enamel cells.

A healthy baby at the breast

could safely be given small quantities of fruit juice after each meal, not only with the idea of cleaning the mouth, and preventing any mild scurvy which would attack the enamel, but also as a means of preventing constipation so common with young babies and which leads to so much ill health.

My own child had fruit juice when on the breast; when solid food was taken, each meal was ended with ripe fruit (apples for preference) because they are the most cleansing of all fruit, and can be obtained all the year round.

The canned fruit cannot have the same beneficial effect as fresh fruit on account of the free cane sugar it contains, and the high temperature used in canning which destroys, to some extent, the vitamins.

The eating of lemons and other highly acid fruits after each meal should not be encouraged, as there is no doubt such an excess of fruit acid must in time have a bad effect on the enamel of the teeth.

It appears very plainly to me that to ensure a clean mouth and a minimum of decay we must not expect too much from the tooth brush and dentifrices.

The teachings of Sim Wallace, Pickerill, Fones, Kirk, McGee and other investigators, who have advocated the chewing of hard foods, and the cutting down of the consumption of free cane sugar; ending each meal with fruit, have done and will do more for oral

hygiene, than the tooth brush and dentifrices.

This has been driven home to me by observation of my own son who has followed these teachings as far as practicable.

One thing is certain, he has a clean mouth, never has had toothache and is a fair specimen of a healthy child.

In April 1919 the little fellow contracted influenza and he had a pretty rough spin. Shortly after his recovery I noticed between his upper incisors slight defects on the contact points, giving the appearance as if a bunch of enamel cells were imperfectly calcified. These defects were cut out and filled with calxine. That was all Robin would allow me to do at the time.

From time to time as the calxine washed out the cavity was slightly enlarged and re-filled.

In spite of the filling material used, the enamel cells seemed to crumble away till the mesial angles broke away. Today the angles are rounded off and on close examination the dentine shows a brown stain, as if arrested caries had set in.

Robin would not stand me drilling them out, so I simply watch these teeth.

If the pulps become involved, I will extract the teeth sooner than let him suffer toothache, or take any chance of an abscess condition forming.

Many members of the profession may not agree with this treatment. If you are one of them then, I say, take Robin

and restore these angles and I will willingly pay your fee.

The other incisors, upper and lower, all show distinct signs of wearing down, due to biting toast, crusts and bones.

Before the back teeth are described, it will be necessary to explain a very interesting and strange irregularity in the molars on the right side.

The lower temporary molars do not articulate with the uppers, but bite inside in such a way as the cusps of the molars look towards the palate. The upper molars bite on the outside (labially) of the lower molars. (A plaster model of Robin's mouth can be seen at Rochester Dental Clinic).

You can quite understand that the crowns of the right molars cannot be used in masticating in a normal way. Yet he gets every encouragement to chew on the right side.

The first lower left temporary molar, when erupted, showed very deep cusps and a deep fissure, which soon showed a brown discoloration. This fissure was cut out, stained with silver nitrate and filled with amalgam. This tooth remains perfectly good today.

The second lower molar also had a deep fissure which I cut out, lined cavity with Copper Cement, filling with amalgam making a flat surface. The crowns of upper molars on right side are not so deep but a small fissure has been cut out and filled. This was done as a means of prevention, and further to examine the structures of the teeth.

Going to the left side (normal articulation) we find on the lower jaw that there is a difference. The first temporary molar has a small fissure cut out (pin head) and filled. The second temporary molar had deep cusps, when first erupted, owing to chewing hard foods (or more so than the average child).

The cusps have worn down and only a healthy flat surface exists.

Is it not reasonable to state that if the right side was normal the same conditions would have existed on that side?

The first upper molar on left side is quite all right, except the cusps are not worn down very much.

The second molar, a few months ago showed a small defect in a shallow fissure, which was cut out, and found to extend a little distance and filled with a black substance like powdered charcoal, but no decay in the ordinary sense.

In little Robin's mouth you have conditions on the one side allowing proper mastication, where his teeth are best while on the other, no normal mastication has been possible, and on this side the teeth show the most defects.

It is my contention that the ending of each meal with fruit has kept his teeth and membranes of mouth clean and healthy.

It is further claimed that there is no active and progressive dental decay in his mouth.

What the future has in store

for this little human experiment will be interesting.

Robin is perfectly saturated with the teachings of oral hygiene.

On three occasions the little fellow has been present at public lectures and told the people assembled how he keeps his mouth clean. Then he walks around the audience carrying plaster models of his mouth to show he has all his teeth, and willingly opens his mouth for those who wish to examine his teeth carefully.

His playmates have all been carefully lectured on oral hygiene, and they go home and

tell their parents that Robin Philpots says—

"I should eat crusts, bones, and end each meal with an apple."

When you consider over 95% of Australian children at Robin's age have many decayed and abscessed teeth, simply because parents have not known these simple teachings, is it not time that the Gospel of oral hygiene reached every home in Australia?

I fully realize that when it reaches some homes it would need to be driven home with a steam hammer.

Such is human nature!

Trowel Fraternity Headquarters

The Trowel Fraternity headquarters during the week of the National Dental Meeting, July 17-21, will be located at the Ambassador Hotel, Los Angeles, California. For information concerning the same communicate with

DR. L. M. BAUGHMAN,
603 Pantages Bldg.,
Los Angeles, California.

Xi Psi Phi Alumni

of Pennsylvania, New York, New Jersey and Delaware will kindly communicate with either of the following:

Wm. C. T. Bauerle, D.D.S., Glanders Building, Zeta Chapter
John Burkhardt, D.D.S., 842 N. 24th St. Pi Chapter.

Philip H. Wood, D.D.S., 4939 Chestnut St. Gamma Chapter.
all of Philadelphia, Penna.,

giving name of College, Chapter and date of graduation.

A Little Journey to the Rockefeller Foundation

By G. W. CLARK, D. D. S., Fort Dodge, Iowa

CHAPTER II

BEFORE proceeding with this interview with Dr. Vincent, it will be well for the interviewer to submit a portion of the correspondence which passed between him and Dr. Vincent's secretary, during the doctor's absence in the Orient, which paved the way for this interview. The reader will note that the writer desired seriously to interest this powerful institution with the potentialities of the dental offices of the land, and the world, in the delivering of the message of prophylaxis to those who would profit most by this significant knowledge, namely: the "well" people.

He wished to show the Foundation that a concerted and liberal action on the part of the profession of dentistry would bring this about and without the destructive delays usually attending movements which might be construed as being slightly evolutionary. This reference to "movements" brings to mind a thought which the interviewer brings out later, which was nicely suggested in a recent Rotary Club address wherein a noted "man of the cloth" significantly omitted to enumerate orthodox theology and medicine among the constructive forces of this age. He expressed the

wish that the Rotary Clubs would remain as "movements" and that they never would become "institutions as are" today. The Rockefeller letter follows:

The Rockefeller Foundation,
Attention N. F. Stoughten,
Secretary to Dr. Vincent.

My Dear Secretary:

Your kind advice, about Dr. Vincent's absence, at hand and your suggestion, that I submit data to other officers of the Foundation regarding the possibilities of a progressive dental movement in popular health education interesting the executive heads of your institution, noted.

To begin with I will send you a little correspondence which I have had with international authorities in regular (orthodox) medicine and surgery, all of whom liberally recognize the potential health force of prophylactic dentistry.

Now, dentistry's new plan is one of proven "ways and means" and is quite applicable to all conditions and environments and is the center of the great trinity of health laws "Diet, Prophylaxis, Exercise."

Most folks today won't read good books or listen to reason regarding their health. Many imagine it is a sacred matter, and an interference with "personal liberty." Their minds, like sponges with a limited power to absorb, are saturated with distorted ideas of life and health laws, scientific knowledge (biology) and of professional service. Until we squeeze out this inborn, popular but destructive fallacy of "cure by eleventh hour medical treatment" and saturate the "sponge" with biologic realities, (the knowledge of cellular mechanisms of health) the professions will not get very far with preventive service. Co-operation will be impossible until then. Den-

dentistry's slumbering, hog-tied giant, "applied prophylaxis," will not function in the salvaging of the health of this and future civilizations, until the people are given something biological to think about, which will excite serious co-operation.

The simple suggestion of the present and future health status of the species, arouses the necessary co-operative interest in the common lay mind. It is unwise to antagonize orthodox views by dabbling with the "origin" of species. Few people today care to bother about where we came from. It is where *we are* and *where we are going*, that is interesting them increasingly. This is the seed from which potent preventive medicine must grow and it **DOES GROW WHEREVER IT IS PLANTED.**

Understand this please: dentistry, today, tries to follow "Nature's orderly design" and strives to relieve the natural body defenses of undue strains from mouth infections. This is a proven scientific need, and nothing but a simple application of simple laws of life or biology.

Reviewing the history of 50,000,000 years of culture, from "stone axe" ethics, to our present, dog eat dog (poison gas) methods of settling disputes, this plan connects with the teachings of all the realists, naturalists and philosophers of the world blending all, in the fight for truth (pure science) against half truths (orthodox science). The list of these intrepid noblemen, is both old and long. It includes Confucius, Plato, Socrates, Harvey, Koch, Pasteur, Virchow, Metchnikoff, Gorgas and Talbot along with Emanuel Kant, Roosevelt, Edison and Henry Ford. While working in different fields, their philosophy of realism is the same. Civilization is getting ready to "flop" to their views, and be salvaged. The professions will aid it most, and dentistry, dealing with the 90 per cent of "well" people deserves and demands recognition, in this greatest battle of all time. Expediency and tradition must yield to reality and progress.

This plan of dentistry's disguises the virtuous mendicant (prophylaxis-applied biology) so that it does not ape religion, but which makes it quite

palatable for the indifferent health sinner.

It is rather a long story. The theme is so sensitive that it has never survived the unsympathetic treatment of the orthodox, hog-tied, twentieth century educational institutions, but, dealing with primary life instincts and facts, as it does, it offers the only hope for better health conditions in the present and future. Liberally applied prophylaxis constitutes the essential creative factor in general preventive medicine.

After a five year intensive test of this plan, it has become a matter of record that regular or popular education has not anywhere near reached the normal "thought capacity" of the masses, as related to medical or health matters.

It seems that the kind of medical education featured by our great universities of the past, has been gauged to fit this weakness, rather than to develop the true biologic viewpoint, which places the treatment of "end results" as secondary to prevention.

In this connection, we believe we have isolated the exciting cause of why the regular school of medicine has been an economic outcast, does not stand very well with that great 90 per cent ("well" people) of the masses and has no caste in court or legislature.

We believe that an ill-advised censorship has caused this condition. Dentistry's plan of health education will correct this, for it seeks to fill in the normal "thought capacity" of the masses with an attractive view of fundamental biologic realities.

We believe that our brilliant orthodox leaders and educators must not longer use their great gifts to obscure the truth, as Huxley so aptly replied to Bishop Wilberforce's Bryanized attack upon the religion of evolution: "You should not obscure the truth by an aimless rhetoric, nor distract the attention of an audience from the real point at issue by eloquent digressions and skilled appeals to prejudice" (page 955 *Outline of History*, Wells).

Wells' suggestion of a revision of theological creeds to meet present world conditions seems applicable to

orthodox medical science and we believe that all progressive schools are working in this direction, *but the masses must be brought along with the professions in this.* If this is not done, co-operation between the profession and the public, which must precede the orderly progress of prevention, will be long delayed.

This revision would not have been necessary, if modern science had not allowed expediency to overgrow the bounds of biologic safety, by the popular, intensified, selective treatment of end results. In American dentistry, this has innocently been done (Talbot) by the failure to classify as doubtful, all biologically questionable methods, as taught in many of our great universities.

The writer hopes that the reader realizes that it is very difficult to give anything like an exhaustive explanation of the scope and promise of this concerted attempt being projected by the profession of dentistry, to aid medical progress by raising the health morals of the masses, by individual effort through personal contact with the "well" people in the dental offices of the world.

The writer's detached position has disclosed a rather strategic attitude, which seems to exert a degree of creative power, which is usually accorded a "third party" in this delicate health educational line. This means as far as bridging the gap between biologic knowledge and ignorance referred to in his letter to President Vincent.

Naturally, the fact that he has been forced to finance his work in this educational line with the savings from a small-town dental practice, has exposed him to the filthy, untrue suspicion that he was bent upon commercializing common educational truths, but under the circumstances it could not be avoided. Regular educational institutions had persistently and officially repudiated the parentage of the prophylaxis orphan. The writer stands ready to retire quietly to the ranks, as soon as the regular organizations and institutions show signs of assuming the charge, *but not before.*

A few of our great colleges, teaching the intensified treatment of end results of disease processes, are nothing but propagating and perpetuating commercial instincts, for none of their teachers work without pay, so, really, are they as altruistic as those who daringly pioneer progressive thoughts and methods and finance non-profit educational efforts in the interest of humanitarianism and professional progress?

It looks as if we were in the right for all the consideration we have received from the critics has been silence and very little of that.

Thanking you for your patience and awaiting your advice regarding an interview with Dr. Vincent upon his return, and thanking you for the reports of the work of the Foundation in the field of preventive medicine. I am,

Yours very truly,
G. W. CLARK

The above letter was written on July 6th, 1921. The interview as outlined in June ORAL HYGIENE took place on January 5th, 1922.

As stated, Dr. Vincent seemed deeply interested in the proposition of utilizing the dental offices of the land as an educational outlet for the doctrine of "applied prophylaxis" and the interviewer at once approached the big subject of the *modus operandi* of how to let the laity "in" by changing the present attitude of the public toward health matters and toward professional service in general and dental service in particular. The release and reclamation of that 90 per cent of the "well" people was the objective.

(To be concluded)

Clean Teeth

By JERRY McQUADE, Editor *Drug Topics*



LEAN teeth are the symbol of a clean man and a clean woman.

Clean teeth express pride of person, self respect, self esteem.

They give poise, power, character, prepossession, sense of refinement.

To the face cast in classic mold, they add richness, elegance, strength; to the face to which nature has been less kind, charm, joy, rapture.

To the expression they give distinction, beauty, romance, witching loveliness.

To the smile lend fascination, captivation, soulful elevation.

To the laugh impart melody, exhilaration, unction.

They facilitate social intercourse, add to its delights, deepen its attachments.

They attract new friendships, invite closer confidences, encourage warmer communion of spirit, cement loves.

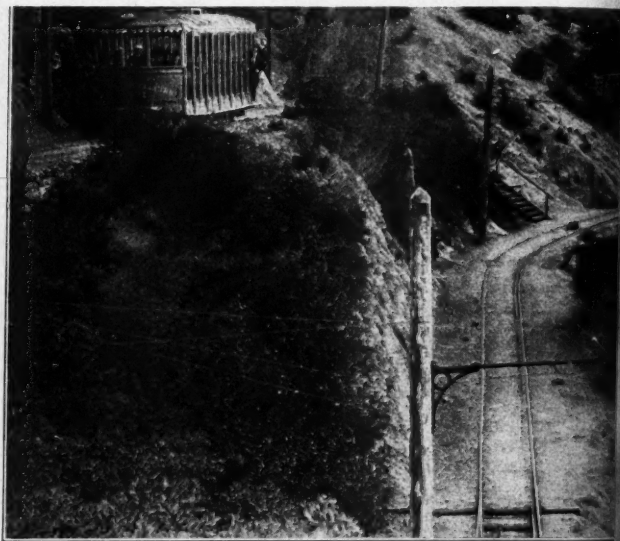
In business they proclaim the man and woman of good breeding, mark the man and woman of good habits, emphasize the gentleman and gentlewoman.

In all the contacts of life, they lighten the steps, ease the way, smooth the path, glorify the day.

They make the poor richer and the rich more opulent, youth more virile and old age happier. On whatever stage we play our part, they work to our advantage.

They insure us increased health, fortify us against the distresses of indigestion, protect us against heart disease, rheumatism and other ills; help to extend our span of years, multiply our comforts and to our lives bring sweet pleasures, new enchantments and thrills.

This then is the law of compensation as promised by nature to all who obey its rules. Pass it along to all good souls to whom it may do good.



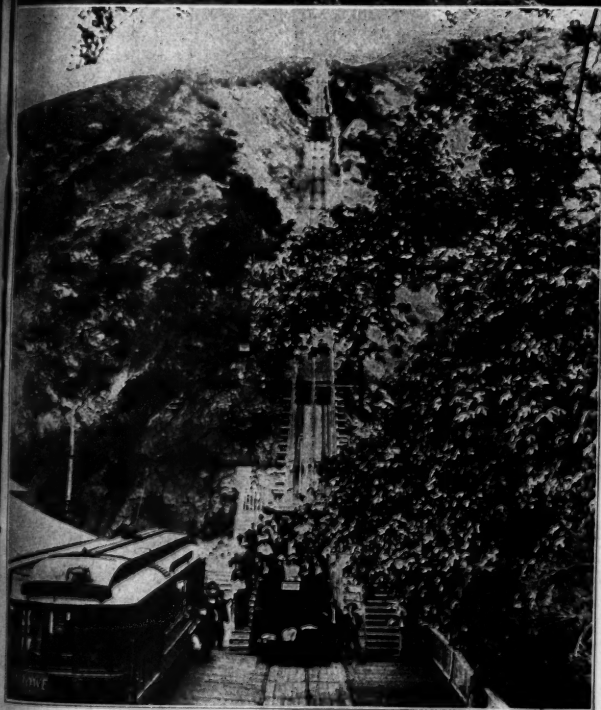
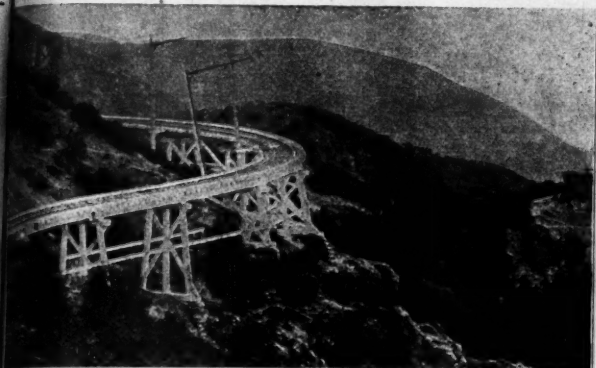
The Circular Bridge at the top of the "Incline," Mount Lowe. Near Pasadena and just a short distance from Los Angeles, this is one of the pleasure trips in store for visitors to the Rotary convention. At right—Mount Lowe Incline.

We board an electric train and are soon slipping out of the suburbs of Los Angeles on our way to the distant purple mountains. Our route lies through the beautiful residential section of Pasadena, where the homes of many famous millionaires are to be seen, surrounded by beautiful grounds which are the finest examples of landscape gardening. Passing through the city of Pasadena, we come to the foot of the "Incline." Here we change from the electric train to the little "Incline-cars" which are built with their seats one above the other—much like the gallery seats in a theater.

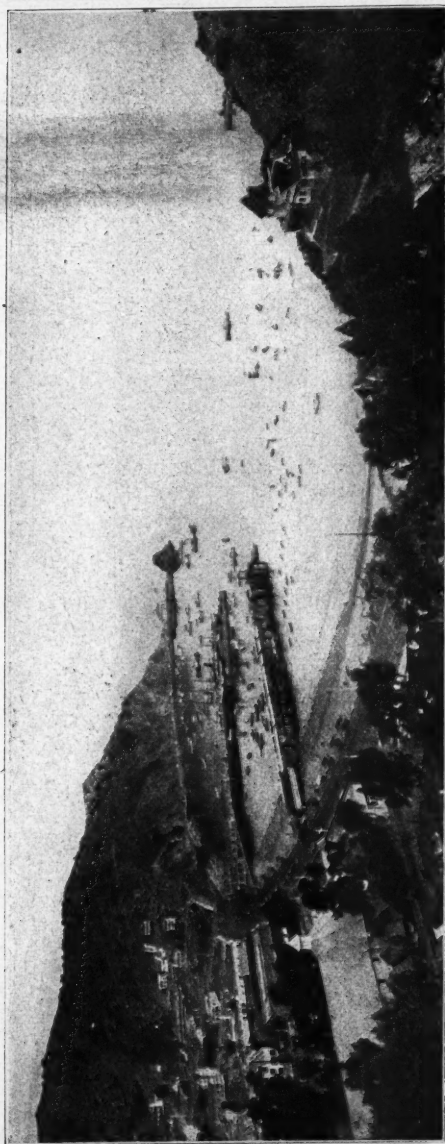
As we are lifted up the side of the mountain the panorama begins to unfold below us, and all our neighbors around us are exclaiming, "Look at this?" and "Look at that!" so that when we reach the top of the incline, where we once again board a regular type of street-car, we find ourselves so enraptured that we lapse again into silence, letting our eyes wander over the wonderful panorama at our feet which shows orange groves at the foothills, golden fields beyond, the great city of Los Angeles in the distance, and through the mist of the horizon we catch a glimpse of the sunlit Pacific.

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Courtesy—The Rotarian



Avalon Bay, Catalina Island—An interesting side-trip for convention visitors.

To go to Catalina means an hour's ride on an electric car through the farming lands adjacent to Los Angeles and then from Los Angeles Harbor you sail out upon the bosom of the blue Pacific in a wonderful ship which lends assurance and joy to the excursion of those from the inland sections of America and those travelers to the Convention from other countries. Twenty-six miles away we glimpse Catalina Island—rising 2,000 feet above the sparkling sea. Eager to catch a glimpse of a flycatcher, the bottom crewed by the first class of the ship, the

ORAL HYGIENE'S *Dental Proverbs*

SUITABLE FOR PLACARDS

By REA PROCTOR McGEE, D.D.S., M.D.

He does me good that teaches me the care of the teeth.

Who cares for his teeth, benefits himself.

Nothing is lost sooner than a tooth.

The busy have no time for pain.

The fewer his teeth the fewer his years.

The toothless man envies those that can bite well.

Who hath aching teeth hath ill tenants.

He who loses his teeth is in the wrong.

Of all bad things by which mankind are cursed,

Their own neglected teeth are surely worst.

Prophylaxis is the best medicine.

Oral hygiene is the greatest of virtues.

The truest servants are good teeth.

Beautiful teeth are a real satisfaction.

Brushing makes good teeth.

The healthy man enjoys his teeth.

The cavity invites the ache.

The tooth is frightened by the bur.

A good tooth lost, is a tooth regretted.

All teeth are good that are properly cared for.

All foods are good with good teeth.

All teeth have their uses.

From little teeth grave diseases oft arise.

Good teeth require care.

He who prizes good teeth is worthy of good teeth.


Teeth gone may be repented but not recalled.

Wherever a man dwells, he should have a tooth
brush within his door.

He that neglects his teeth must go without.

Tobacco as a Disinfectant

By EVALINE WRIGHT NELSON, Chicago, Ill.

“VERYBODY knows that tobacco, being a disinfectant, etc.” The expression appears frequently in dental periodicals in defense of smoking. A parrot’s evidence was accepted the other day in Chicago. A man caught breaking into an apartment, when taken into court pleaded that, in his sister’s absence, he was feeding her birds, and had lost the key. Derision followed. He insisted upon the officers going with him. He proved innocence by the parrot, which called him by name and disdained all overtures from the officers. “Everybody knows” is parrot talk, but where is the proof?

In the *Literary Digest*, December 11, 1920, there was an interesting account of the experiments of Professor V. Puntoni of the University of Rome.

It is indeed of practical interest to know definitely the effect of tobacco on micro-organisms of the mouth; during every influenza epidemic doctors are asked about it. *The Lancet* (London) says in substance: There have been no practical experiments so “it remains undecided if bactericidal power of tobacco as shown in the laboratory upon many micro-organisms is also manifested in the human mouth or lungs.”

The results of Prof. Puntoni’s experiments to discover the real action of tobacco smoke as a disinfectant under conditions similar to those existing in the oral cavity may be summed up as follows:

The strikingly disinfectant power that tobacco smoke exercises in glass laboratory vessels did not occur to the same extent in the smoker’s mouth.

“Bactericidal action was only shown to follow consumption of very large quantities of tobacco, and then only on micro-organisms of least resistance.” Not admissible that microbes having the resistance of typhus bacillus or greater can be killed in the mouth by tobacco “and it is absurd to think the action could manifest itself in the respiratory tract as a sequel to inhalation.” “The different qualities of tobacco showed disinfecting power almost equal to the weight of tobacco used.”

“Denicotinized cigars acted just as powerfully as ordinary ones.” After loss of its nicotine, tobacco smoke retained marked bactericidal action.

“The disinfecting action of tobacco smoke is due to activity of many elements which may be enumerated with certainty: tar products, nicotine, formaldehyde and pyrrol.”

“The main constituents of tobacco smoke are basic in character and germicides, gen-

erally speaking, are of the acid-ic type." Whether this has any significance is not clear, but experiments recorded remind of the tradition during

great cholera epidemics: "those who smoked *clay pipes* proved immune from the disease though surrounded by numerous cases."

Most Misery Avoidable.

If, as Sir Claude Hill, director-general of the League of Red Cross Societies, said, at the third annual convention at Geneva, 85 per cent of the mental and bodily ills of mankind are avoidable, the league can address itself to no more useful task than that which it has now undertaken. It proposes to waken "the hygienic conscience of the world" says the *Pittsburgh Sun* and to carry on a campaign against human misery through prevention rather than by cure.

Sir Claude declared at the Geneva meeting that "it is demonstrable that humanity at large, owing to its mishandling of itself, has succeeded in rendering nugatory or at all events has failed to take advantage of the many discoveries which science has placed at its disposal." He added that "medical and hygienic science has advanced to such a point that by far the greater portion of the disease and suffering in the world could be prevented if men and women but knew how to keep themselves healthy by their own intelligent volition."

The agency which promises to be most effective in accomplishing the purpose of the League of Red Cross Societies is the education of the people as to methods of disease prevention through instruction on health topics. This will be strongly reinforced by public health nursing. Sir Claude has great faith in the power of the Junior Red Cross because of the work it has done in the United States, and it is certain that if the interest of the school children can be aroused the campaign will make headway. It deserves the support of all classes of society.

Ten Years



TEN years more of life means more than it sounds—ten years more of life means more health and energy for all of the years of life before the last decade is started.

This year the National Dental Association program will show how dentistry can add, to the world's useful people, ten years of mature, experienced life—the most valuable ten years.

The development of energy that will project a life a decade beyond our present short existence will make all of the other years better and more productive.

The retention of a perfect masticating apparatus—the development of facial symmetry—the elimination of infection—the repair of the ravages of injury and disease—prosthesis—surgery—all of these mixed with good sense are the means that dentistry has to offer for the prolongation of life.

If you have not already done so, get your ticket for Los Angeles now.

R. P. M.

Department of Pediadontia

W. A. BRIERLEY, D.D.S., Denver, Colorado

Contributing Editor

Diet as a Therapeutic Agent in Orthodontia

By ARCHIE B. BRUSSE, D.D.S.

Professor of Orthodontia, University of Denver, Dental Dept.

IN the evolution of dentistry we find the greatest progress is made when dental science is considered a part of medicine and the teeth are recognized as a part of a living organism. This be true the field of orthodontia concerns something more than the alignment of irregular teeth and should not consider tooth movement solely a problem of mechanics.

The mission of the orthodontist is to influence development of the dental arch and supporting tissue. If thought in this light, early treatment will be recommended and development started in early childhood. Our practice will consist of younger patients and we will be closely allied with the specialty, Pediatrics, and this relationship makes it necessary for the orthodontist to become modern in his education and obtain all that is possible pertaining to the subject.

Many children receiving or-

thodontic treatment are affected by arrested development, and along with our mechanical treatment the general health of the children under our care can be influenced by supplying the missing constituents which have retarded this development, viz.: proper foods and exercise, administration of glandular extracts, conservation of energy and scientific rest.

In older children, undernourishment is due to organic disease or to error of diet and hygiene. As orthodontists we are mostly concerned with that class of undernourished children due to faulty diet and hygiene. A child from seven to ten per cent underweight for his height is considered undernourished and we find five or more defects in the mal-nourished child to one in the normal or well nourished. The fact that so few children develop normally is evidence that there is something wrong with their environment and feeding program.

If we would study the daily

program of the modern child it would not be unusual to see a child seven or eight years of age far ahead of his grade in school, which necessitates extra and late hours of study and results in irregular and hasty lunch periods. In addition, he has his music and dancing lessons after school, all on a food average insufficient to meet the demand of the child's development.

As a rule the parents are not aware of the seriousness of the child's welfare and it is not only necessary for the child to be taught proper balance but those who teach the child as well. In order to get parents who have undernourished children interested, and gain their co-operation, it is my practice to send a pamphlet with a table of heights and weights, as described below:

Perhaps You Think—

Your child is not really ill, that the fact that he is under-weight is not a cause for worry. Perhaps you would describe his condition by one or more of these terms:

Run down	Very small
No appetite	Under-developed
Frail	Not thriving
Delicate	Growing too fast
Anemic	Easily upset
Thin	Lacks energy
Pale	Born so
Below par	Nervous
Always tired	Very sensitive
Doesn't sit straight	Skinny
Low vitality	Not himself

If this is so, your child's condition is serious. You can correct it. It will mean more to the success and happiness of your boy or girl than any fortune you could leave.

(The pamphlet also contains the table printed on the opposite page.)

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DENTAL S



STUDY THIS TABLE CAREFULLY

Table of average heights and weights of children, also showing weights 7 per cent and 10 per cent under weight for height

BOYS				GIRLS			
Height	Average weight for height	7% under weight	10% under weight	Average weight for height	7% under weight	10% under weight	Height
Inches	Pounds	Pounds	Pounds	Pounds	Pounds	Pounds	Inches
35	32.0	30.0	29.0	31.0	29.0	28.0	35
36	33.5	31.0	30.0	32.5	30.0	29.0	36
37	34.5	32.0	31.0	33.5	31.0	30.0	37
38	36.0	33.5	32.5	35.0	32.5	31.5	38
39	37.5	35.0	34.0	36.5	34.0	33.0	39
40	39.0	36.5	35.0	38.0	35.5	34.0	40
41	40.5	37.5	36.5	39.5	36.5	35.5	41
42	42.0	39.0	38.0	41.0	38.0	37.0	42
43	43.5	40.5	39.0	43.0	40.0	38.5	43
44	45.5	42.5	41.0	44.5	41.5	40.0	44
45	47.5	44.0	43.0	46.5	43.0	42.0	45
46	49.5	46.0	44.5	48.5	45.0	43.5	46
47	51.5	48.0	46.5	51.0	47.5	46.0	47
48	53.5	50.0	48.0	53.5	50.0	48.0	48
49	55.5	51.5	50.0	55.5	51.5	50.0	49
50	59.5	55.0	53.5	58.5	54.5	52.5	50
51	63.0	58.5	56.5	61.0	56.5	55.0	51
52	66.0	61.5	59.5	64.0	59.5	57.5	52
53	69.0	64.0	62.0	67.5	63.0	61.0	53
54	72.5	67.5	65.5	71.0	66.0	64.0	54
55	75.0	70.0	68.0	75.0	70.0	67.5	55
56	79.5	74.0	71.5	78.5	73.0	70.5	56
57	83.5	77.5	75.0	83.0	77.0	74.5	57
58	87.5	81.5	79.0	87.0	81.0	78.5	58
59	91.5	85.0	82.5	91.5	85.0	82.5	59
60	95.0	88.5	85.5	96.5	89.5	87.0	60
61	99.5	92.5	89.5	102.5	95.5	92.5	61
62	105.0	97.5	94.5	110.5	103.0	99.5	62
63	109.5	102.5	98.5	116.0	108.0	104.5	63
64	116.0	108.0	104.5				
65	119.5	111.0	107.5				
66	126.0	117.0	113.5				
67	134.0	124.5	120.5				
68	138.5	129.0	124.5				

Prevention of undernourishment in children should begin with antenatal care and instruction of the prospective mother to include in her diet vitamins necessary to the welfare of her unborn child. During the first year of life, malnutrition may be prevented, or if present, may be treated, in the case of the breast-fed infant, by careful supervision of the nursing mother's diet, with special reference to vitamins. If this care is continued through the child's growing years we will find very little dental trouble.

By the time the child is in his third year, too frequently he is allowed to choose his own food, both as to kind and as to quality, with the result that faulty eating habits are formed. The same may be said of the child's sleep, as he grows older. Indulgence in sweets and highly seasoned foods, habitual eating between meals, late hours, unventilated sleeping rooms, lack of exercise in the open air, faulty posture, may all result in a finicky appetite, thereby causing the child to take too little nutritious food. A child in this undernourished state is a poor subject for orthodontia treatment. He will be extremely nervous and difficult to manage. It is a serious mistake to continue orthodontia treatment and ignore the general health. It is our practice to write out for the mother a simple, well-balanced diet and it is gratifying to note the improvement attained after a

few weeks co-operation. Children of this age eat too high a proportion of animal protein food and excessive amount of sugar in the form of candy. Diminish the sugar and decrease meat one-half. Many children do not drink milk at all. Dairy products are necessary. Plenty of leafy vegetables, lettuce, cabbage, can be served twice daily; spinach at least twice a week and raw fruits. The diet of course is varied with the individual case; regular hours of eating are insisted upon. Eating between meals is prohibited. Tea and coffee are not allowed.

In addition to the diet usually considered sufficient for the purposes of health, three food materials are essential. These accessory factors, (vitamins) have been called fat soluble A, water soluble B, and antiscorbutic C. It is not known just what quantities of these are requisite in the diet of human beings or how much is contained in given food stuffs, but there is positive information as to the effect on an individual's health of an absence of these from the diet. The failure to include the vitamins in large quantities in an adult's diet may be responsible for lowered resistance and may lead in many cases to an abnormal development of the bony structures, particularly the teeth. These elements are even more important in the diet of the child, in order to assure regular development and normal growth, as the lack of them

may lead to rickets and scurvy.

One of the most important systems of diet is that of Dr. Pirquet, who calls his new system of nutrition, designed to replace the complicated caloric method, the "Nem" system. His chief work is treatment of tuberculosis of children. He makes no secret of the fact that thousands of the unfortunate children of this class have been restored to health by the nutritious American food, scientifically prepared and allotted regularly. Experience has shown that the caloric system, heretofore employed in computing food-stuffs, is too complicated to be readily applicable to everyday use. To overcome this difficulty, Pirquet worked out a system based on comparing the nutritive value of a given quantity of milk with a quantity of any foodstuff. He used average milk containing 667 calories and weighing about 1,000 gm. per liter as a standard. One gram of this milk is taken as a unit of nutrition and is termed "Nem"—this being the abbreviation of Nutrition Element Milk. Following the metric system, according to which 10 gm. equal 1 dekagram, 100 grams equal one hectogram and 1,000 grams equal 1 kilogram, 10 nems equal 1 dekanem, 100 nems equal 1 hectonem, and 1,000 nems equal 1 kilonem. Therefore one liter of milk weighing about 1,000 gm., has the nutritive value of 1,000 nems. With knowledge of the nutritive value of various food-

stuffs, it is an easy matter to calculate the value of the prepared dish in "Nem." Thus a milk dish containing 130 gm. of milk, 8 gm of flour, and 5 gm. of sugar corresponds to 200 gm of milk, or 2 hectonem in nutritive value. Pirquet determines the food requirements of the individual child by a method which he terms "taking the child's Pelidisi." It is assumed that the food requirements of children and adults depend upon what may be called the "nutritive surface." A constant relation was determined between the sitting height, which is always measurable, and the absorbing surface of the intestinal tract. With this relation established, a method was worked out of weighing and measuring with scientific exactitude. Thus a child whose sitting height is 50 cm. has a nutritive surface of 2,500 cm., an adult with a sitting height of 90 cm. has a nutritive surface of 8100. The child might, therefore, take 2,500 gm. of milk within twenty-four hours, or a quantity of any foodstuff of the same value. This is the method by which the half million children were selected for the American feeding, none being accepted but those who fell below the normal when subjected to the test.

In the experimental laboratory of John Hopkins University, it was found that out of twelve generations of perfect animals, only three-tenths of one per cent presented dental defects. On the other hand

fifty percent of mal-fed animals had dental caries. With this evidence it seems imperative that we should associate dietetic measures with orthodontia practice. Correct food will build bone, and we are vitally interested in the growth of bone. Also, normal children are much easier to manage

and to work with them is a pleasure. As it is sometimes necessary to have patients under observation for several years it is our duty to take care of them and establish immunity so when they come to the dangerous point in life, when beyond the control of the parents, they will survive

Editor ORAL HYGIENE:

In your last issue, Dr. Gallagher says pyorrhea is an infection and starts in the gum.

I maintain that there is no evidence whatsoever of this. Pyorrhea is a death of the edge of the alveolar process and the gums show no symptoms until this takes place. This bone dies from lack of sufficient circulation, and germs have nothing to do with causing this trouble. Of course there may be a *secondary infection*, pyorrhea opening the way. Hence a moderately stiff brush for the gums is indicated, but it must be used on the gums alone for five minutes twice a day.

If this is done after proper instrumentation, no further treatment will be necessary. Of course the degree of success depends entirely upon the stage of the disease when the treatment starts.

Very truly yours,

E. P. BEADLES, D.D.S.

Norfolk, Va.

Dr. Beadles has some ideas of his own upon pyorrhea. His confidence in the germ theory of disease is not so great as that of some of the rest of us.

Editor ORAL HYGIENE.



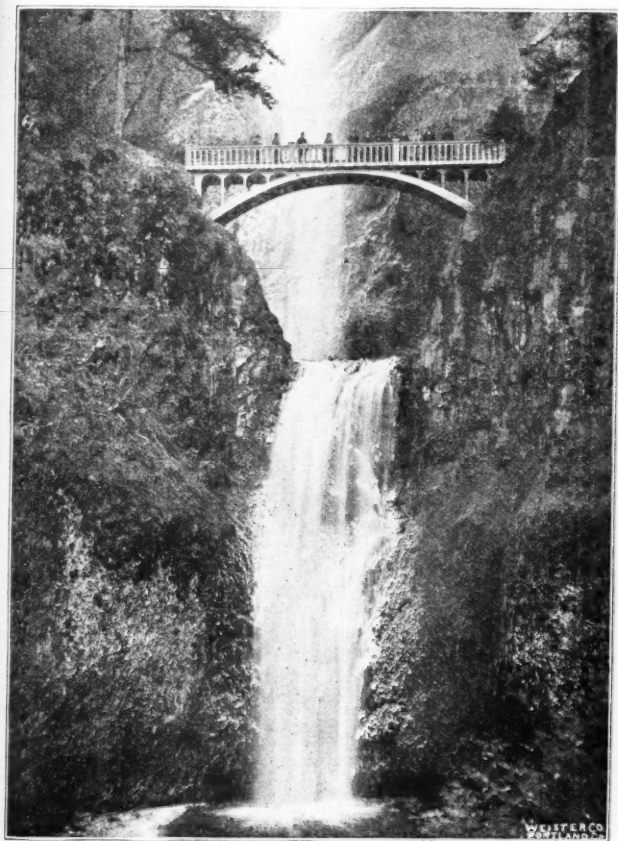
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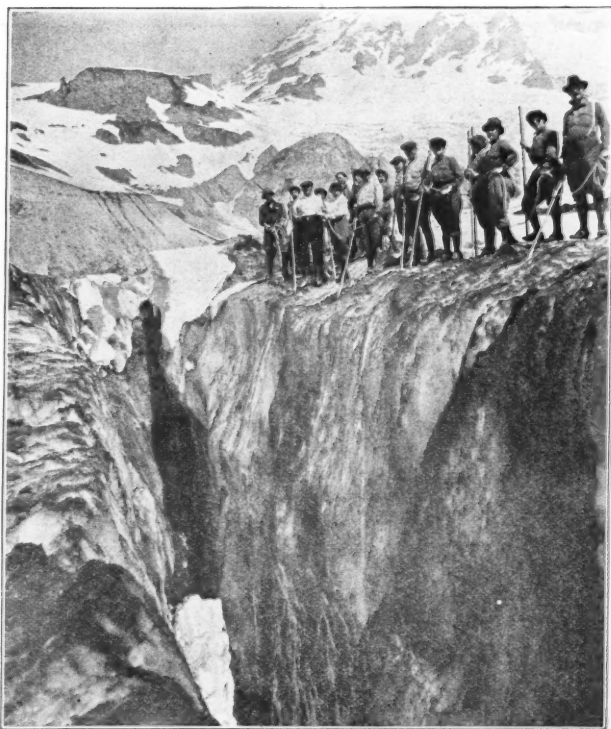
ORAL HYGIENE Sepia Section

*Along the way to California**



The lower Multnomah Falls and Benson Bridge, one of the fifteen types of white bridges on the Columbia River Highway, Portland, Oregon.

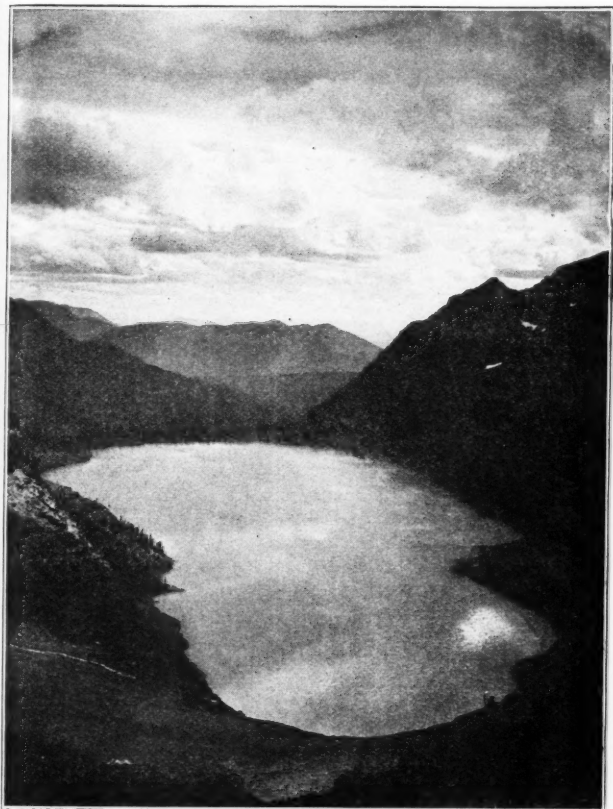
*Photographs through courtesy of *The Rotarian*.



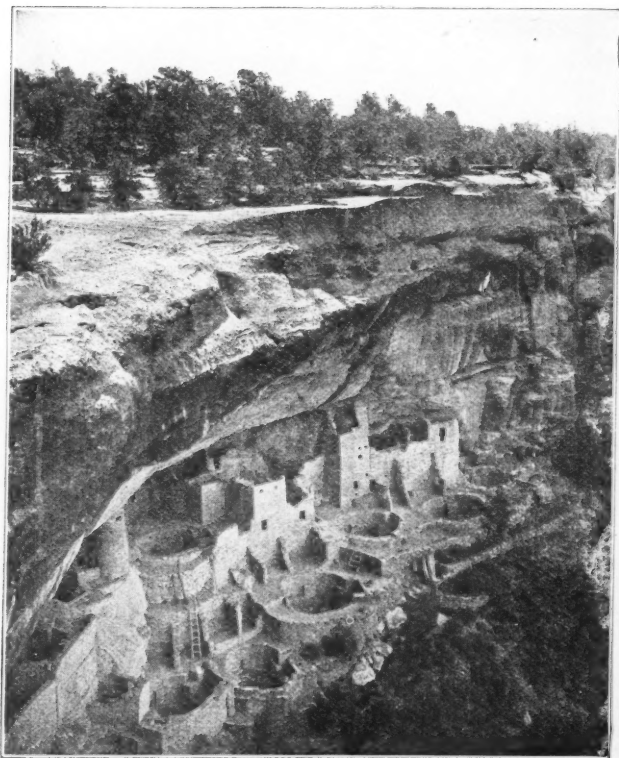
Mountaineering clubs render a valuable service in protecting natural scenery and wild-life and as "trail blazers," in making the mountains more accessible. Such clubs are becoming very popular in the United States and Canada. The picture shows a mountaineering party near a deep crevice on Nisqually Glacier, Mount Rainier.

La
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DENTAL SURGERY.



Lake Ellen Wilson, nestling far below Gunsight Pass, Glacier National Park. The lake's mountain-hemmed basin is like a huge stadium sculptured by a bygone glacial giant.



A portion of Cliff Palace, Mesa Verde National Park, Southwestern Colorado, land of the pre-historic cliff dwellers. The photograph shows several of the twenty-two "kivas" or underground ceremonial chambers. This is the largest of the pre-historic ruins in the park, estimated to have contained more than 200 separate rooms.

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Why Not?

By C. EDMUND KELLS, D.D.S., New Orleans, La.



HE "Guess What" contest seems to have appealed to so many of your readers, that possibly the following case may be equally as interesting.

On a Sunday morning, an old patient of mine (eighty-one years old to be exact) and whom I had not seen for several months, phoned that a tooth had kept him awake all night and that it was still aching. He was told to go right down to the office where I would meet him.

He entered the office, and, pointing to a lower cuspid, said, "I did not sleep a wink all night. This tooth ached terribly, but it is *somewhat easier* now."

"Well, if that tooth kept you awake all night, the best thing to do is to extract it." "That's what I expected you to say, because when last you patched it up, you said it would not last much longer, and that was several years ago."

I lighted the gas burner of the novocain unit, and asked him to take the chair.

"What rotten practice," my readers will say, "to talk off-hand about taking out a tooth without even looking at it."

Right you are, or would be, generally speaking, but in this case you are wrong. You see,

this lower cuspid was a very old friend of mine, and I knew it "all by heart" as the kids would say. I had seen it fifty times or more. It was a broken down cuspid which had given trouble years before, and I had filled *at* the root canal. It was not filled to the apex and I knew it only too well. Why, then, examine it before passing sentence? And so the gas burner was lighted.

However, it was *now time* to look at it, and upon examination, no swelling was found, nor was the tooth *sore* to the touch! Pressure upon the tooth did not increase the pain, and it was good and solid. Tapped it good and hard.

"Hurt?" "Not a bit!" This was surprising. Here was a pulpless tooth which had kept a man awake all night and no signs of inflammation. Something wrong sure.

"Are you certain that that is the tooth which is aching now?" "Sure of it? Well I reckon I am." "Well friend, you may be, but I am not. It would be no joke to extract this tooth and then have you kept awake all night with the same pain, would it?" "I should say not."

And then I turned off the gas under the novocain unit.

Upon examining the adjoining lateral, it didn't "look good." "I believe that that

is the tooth that is causing all the trouble. I will X-ray it."
 "All right, you're the Doctor."

With that, the lateral was rayed, and a slight periapical disturbance was *believed* to be shown upon the film, while the area about the end of the cuspid looked normal.

A number two round bur was driven down into the pulp chamber of the lateral without causing any pain. A fine Kerr reamer was passed into the canal, given a few turns, whereupon the entire (?) pulp was brought out, evidently just dead.

"The tooth feels better," said the patient. A small wisp of cotton was packed loosely in the pulp chamber, an appointment given for eleven o'clock the following day and the patient was dismissed.

At two-thirty in the afternoon, he was rung up, when he said that the tooth was perfectly comfortable.

Promptly at eleven o'clock on Monday he came in, saying that he had had a good night and that the tooth was perfectly comfortable—mark that, perfectly comfortable at eleven Monday morning.

The usual routine root canal procedure was followed. Strange to say—that is, strange for a man of eighty—the root canal was found to be quite large and the foramen open. The end of a Kerr reamer appeared to go through, so a gutta percha point was placed in the root, and a skiagraph was taken.—Fig. 1.



Fig. 1.

By this time the hour of eleven forty-five was reached; time was up and the patient discharged.

Having a ticket for the Atlanta Mid-Winter Clinic and reservation for the train out on Wednesday evening, it was advisable to complete this root canal filling that day, so he was told to return at three o'clock. Promptly at three, he was back, saying that his tooth had not been so comfortable, and right *now* was *quite sore*—again note that. The tooth was comfortable at eleven and sore at three; and the operator's feet began to feel chilly.

The regular routine procedure was continued. Two skiagraphs were taken with gutta percha points in the canal, in an endeavor to get a line upon the length of the root. Figures 2 and 3. Working upon the tooth aggravated the pain, and by three-thirty it was worse than it was at three. This was not encouraging by any means, and *trouble* was seen to be in store, so an S. O. S. call was sent out and the four o'clock appointment cancelled. That other hour would surely be needed! And at the same time, another

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S. O. S. call was sent out for a leech!



Fig. 2.

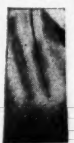


Fig. 3.

By three-forty-five the root canal was filled.—Fig. 4.

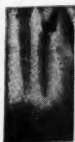


Fig. 4.

The pain had increased, and the leech, which had arrived, was applied. At four-five, the leech *was through*, and the tooth was a good deal easier, but the patient was not entirely free from pain. Meanwhile the temperature of the operator's feet had been rapidly falling, until now his feet were absolutely cold.

Now here's where a fall was taken. Nothing more *should* have been done. But in view of the age of the patient, and the fact that he must be perfectly free from pain, I wanted to take no chances, and instead of relying upon hot applications, I decided to do what in the "Guess What" contest I said I never did any more.

This was such an easy case, however, why not try it? So with a pair of dividers the length of the tooth and the root upon the skiagraph were measured, the distance laid off in the mouth, and where to puncture the outer plate was decided upon.

The parts were anesthetized with novocain, a sharp excavator was run through the gum at the spot to be drilled, and the bone well scratched without any feeling at all by the patient, so conditions were considered favorable.

A number two round bur was slowly started upon the journey through the bone and did not hurt at all, but the instant it dropped into the porous structure *below the apex—which it did this time—*believe me, my patient gave a jump; "It hurt like the d—" *he said.*

Hot water was held in the mouth for about five minutes, but the pain did not abate, so a second leech was applied. Then more hot water.

By four forty-five, patient was *more* comfortable than he was at three o'clock, so he was given five grains of Pyramidon and sent home with two more tablets in his pocket to take later on if necessary.

At seven o'clock he was phoned, and he said he was quite comfortable, and at eight-thirty he was again phoned, and found to be playing cards; tooth perfectly easy. Had he not been perfectly comfortable at eight-thirty, I would have

gone to his residence and applied another leech.

At eight o'clock the next morning, he reported that he had taken one Pyramidon tablet before retiring, that he had slept all night and was then feeling O. K.

At one o'clock he came in, and temporary stopping was placed in the pulp cavity and the patient was dismissed for a week or two. (Let us hope!) And I went to the Atlanta Clinic on that Wednesday night.

Now friends, this was not written just to fill space for the Editor—not at all. In the

first article, I asked, "What did I do?" Now I ask another question. "When pulp canals can be satisfactorily filled and teeth saved by the immediate root canal filling method, what advantage can be gained by *treating* them more or less indefinitely?"

So come on, folks, get busy and send in your answers to me, and tell me why I should have *treated* this lower lateral for a week or two before filling it. But no premium this time.

C. EDMUND KELLS
1237 Maison Blanche,
New Orleans, La.

General Electric wants to Broadcast Oral Hygiene Series

Editor ORAL HYGIENE:

The General Electric Company, of Schenectady, N. Y., is interested in broadcasting over the radiophone a number of dental talks, and they have requested me to deliver such a talk during the early part of June.

It appears to me that some excellent material may be found in the ORAL HYGIENE magazine, in the Department of Lay Education. I have shown to the General Electric committee a number of the articles appearing in ORAL HYGIENE, known as the "Your Teeth" series. There are two stories in this series which appeal to them as particularly appropriate for a start. One of these articles appeared in the issue of December 1920, under the caption of *Dental Defects*; the other appeared in the issue of January 1921 under the caption of *Toothache*.

I have spoken to Dr. A. S. Moore of Schenectady, who is on the oral hygiene committee of the local dental society, and in his opinion, broadcasting dental talks would be very interesting and instructive.

Because of the great interest manifested at the present time in wireless telephoning, broadcasting dental talks furnishes an avenue of approach to the public ear which few other methods enjoy. Will you kindly give me your opinion on this matter, and also please furnish me with a selection of these stories?

Schenectady, N. Y.

Very truly yours,

MORRIS KLEIN, D.D.S.

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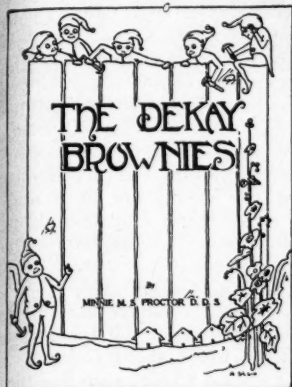


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The D. Kay Brownies

By MINNIE M. S. PROCTOR, D.D.S., Los Angeles, Calif.



Dr. Proctor's "Dekay Brownies" is available in the form of a pamphlet; this is a reproduction of the cover.

LIKE most fairy tales this one does not begin, "Once upon a time, long, long, ago" but it begins: There lives at this present time, a family of Brownies. Did you ever hear of the D. Kay Brownies? Like Puck, these little elves are in mischief from morning till night; they like to destroy things, no matter how beautiful or valuable they may be.

Once the D. Kays spied a whole row of white houses upon the crest of a hill. They stood close together in a graceful curve and were smooth and pearly white. The Brownies were very curious about these beautiful marble houses, and as they seemed to be deserted they decided to break

into them. Fearful that they would be discovered by the police of whom they were much afraid, the little fellows crawled between two of the largest houses, so that they could not easily be seen, and began to dig into the pretty marble with little picks.

They worked hard but an opening could not be made for these strange houses were solid. They stopped and thought of what could be done next, then with shouts of glee they decided to dig a cave for themselves and live like a real robber band. They picked away busily and soon a big cave was made. Whenever they wanted more room they dug more caves in the houses. As the openings into the caves were small, no one noticed them and they lived happily for a long time.

The Brownies were in high glee for they found chocolates and bonbons of different kinds between the houses. They liked candy and it made them strong and fat.

A number of months had passed when a visitor came; he belonged to a titled family and on his little visiting card was written Don Talogia, (although he was more often called Toothache.)

The very day that the visitor came, some of the Brownies who were playing around the large room in the

first cave dug, discovered a hole in the floor and imagine their surprise when they peeped in and saw a giant asleep in the cellar. The little Brownies were frightened, but the Don, who was most cruel, said he was not afraid for he carried a sword by his side. He went to the hole and thrust his sword into the giant's side, and wounded him so that he moaned aloud. In fact, such a disturbance was made that at last the owner, who had been very neglectful of his property, came to investigate. As if to add to the confusion, the roof of the house fell in with a crash. The groans of the giant made the poor landlord's head ache, and he felt so miserable he sat down and cried.

As it is with most things, just crying will do no good at all, so he dried his tears and sent for a mason to repair the houses. The landlord suggested that the wicked giant be killed so that he could not make his head ache with his groans. He also wanted the same marble used to fill up the caves the Brownies had made.

The mason looked over the houses carefully and seemed quite sad, for he found it was too late to repair the house that was so badly broken down. He told the owner to peep into the cellar and showed him that the giant had already died from the sword of thrusts of the cruel Don. The mason felt badly about the death of the giant and explained that he had not been asleep at all

but was a most faithful workman by the name of Pulp, although he was more frequently called Nerve. He also explained that the giants were very sensitive and easily killed which was a pity for they were skilled workmen. These houses are very different from ordinary buildings for their foundations (roots) are built last instead of first and it requires four years to complete each foundation.

It is a serious thing for a giant to be killed or even wounded before he has completed his task, for even if the house still stands, the foundation is incomplete and weak. Each giant is given his task and no one else can take his place. Nothing could be done to the house that had been so badly damaged, but to remove it, foundation and all, thus leaving an ugly gap in the even row of houses.

As they could find no more marble like that of which the houses were built, the mason said that he would have to use other materials, maybe gold or silver.

It was now decided that the houses would have to be repaired at all costs so the mason was told to go to work. He was much surprised to learn that a watchman had never been employed to guard this valuable property so that the mischievous Brownies could do no serious damage. The owner now awake to his great danger, sent for a policeman (Toothbrush) and terrorreigned among the Brownies for they

knew that the police had been after them for years. He went round and round and poked into every corner. He shot powder at the Brownies and killed and wounded many.

After the mason had repaired the houses, and polished the marble, they looked smooth and white; but, of course, they were not like new. The carpenter told the owner to send for him every few

months and he would look over his work to see that the patches were still good and strong. The policeman with the stubby beard was regularly employed by the owner, and each morning and night he patrolled his beat and poked into every corner.

Soon not a Brownie was to be found and the owner lived most happily ever after.



How to Use the Story "The D. Kay Brownies," as an Aid in Teaching Oral Hygiene

This story has been used most successfully to introduce lectures and demonstrations on oral hygiene in the public schools of Los Angeles, California. It has proved particularly interesting to children in grades four to eight.

Tell the children you are going to tell them a story, a fairy story if you please, but no ordinary fairy tale. Tell them they must listen most carefully for after the story has been told you are going to expect them to tell you what the story is really about, what the real brownies and marble houses are. This story, in fact, is much like a guessing contest. Tell the story of the D. Kay Brownies in as spirited a manner as possible, using the blackboard to illustrate.

First, draw mere outlines of one side of the teeth—always speaking of them as the D. Kays' houses. Show where the Brownies crawled between the houses. Fill outlines with dusted chalk and as the story unfolds, erase space to illustrate caves dug by the Brownies.

After the story has been told: "Now what are we talking about?" "Teeth of course!" "Easy; and the Brownies?" "Oh yes; they belong to the germ family, a most dishonest family. They are robbers so no wonder they are afraid of the police." "The caves dug?" "Cavities in the teeth." "Who is the cruel Don Talgia?" "Alas! Not so easy," for he is really toothache and Odonalgia is but another name. "Who is the giant?" "He is commonly

called the Nerve but his proper name is the Dental Pulp."

"If some of you boys and girls are not careful you may become the poor landlord that had such a sad time.

"I shall not ask you who the policeman is because I brought him with me, stubby beard and all, and here he is." A case with a picture of a D. Kay policeman painted on it is whisked out: the tooth brush is

removed and the real lesson is either given them or promised for a future visit.

For this lesson choose large groups of children if possible, for to repeat this story many times in a day is most difficult.

For other helpful hints in teaching oral hygiene by Dr. Minnie Proctor, address Marjorie Stein, Torrance, Calif.

An Atlanta Clinic

Willie and Mary and Johnny and Susie are learning more than reading and writing and arithmetic out at Grant Park School. They are taking their turn in a dental chair out there, the first dental clinic ever established in an Atlanta public school-house. They are learning what is the matter with their teeth and how to care for them so they can ward off other diseases so often charged to defective teeth.

The Grant Park dental clinic was made possible through the philanthropy of Cator Woolford, head of the Atlanta Retail Credit Company. That is not the first bit of philanthropy Mr. Woolford has sponsored in connection with the schools. For two years he has gone down in his pockets to buy textbooks for worthy children who otherwise might not have been able to attend school. He has made these contributions through the aid of the Junior League.

"A Medical School" in Atlanta has been a hobby of Mr. Woolford's for some time. He believed health of children could be improved 100 per cent if they were given healthy mouths—good, sound teeth with faulty tonsils and adenoids removed.

So it was he who conceived of a dental clinic. He selected Grant Park School, just because it happened to be one of many schools in Atlanta, not through any particular partisanship. Every dollar of expense incurred in the operation of the clinic is paid by Mr. Woolford.

The Board of Education and the City Health Department, through Dr. John P. Kennedy, city health officer and the public health nurses are giving every co-operation possible in the work.

The value of the clinic can be seen in the first report made last week.

Out of the first 200 pupils examined only one had what the persons in charge declared to be a "perfect mouth." Plans are now under way to give these 199 children sound teeth and healthy mouths.


EDITORIAL

REA PROCTOR MCGEE, D.D.S., M.D., *Editor*

212 Jenkins Building, Pittsburgh, Pennsylvania

The Editor welcomes manuscripts and will take best possible care of any submitted, but cannot be held responsible for them. Manuscripts should be accompanied by self-addressed stamped envelopes. Typewritten manuscripts are preferred and should be double-spaced and written on one side of the paper only.

Rotation in Office

 HERE should be a limit to the length of time a man can serve as a Trustee of the National Dental Association. The retention in office of a small group could easily be made impossible by limiting the term of the Trustees to six years; that is, two terms of three years each. No one should be eligible to more than two terms, regardless of how their six years of service were spent. This would produce rotation in the office of Trustees and an influx of new blood and enthusiasm every three years, in addition to the fact that it would hold out the promise of recognition to a great many men who are blocked by the few who are elected and re-elected apparently for life.

The House of Delegates should be elected for two years instead of for one year so that the members of the House of Delegates would carry a certain authority

through the intervals between meetings of the National Association. This would also allow members of the House of Delegates to have something to do with the Ad-interim Committee, which is the real governing body of the National Dental Association.

If every member of the Association will insist upon real representation and will insist upon rotation in office, the work of the Association will show immediate gain in vigor and intelligence.

Mike Howe of the *Boston Transcript*

Hotel guest—Has Mike Howe registered here?

Clerk—What do you think this is, a stable?—ORAL HYGIENE

Ha, Ha. There's an old friend with a new and much abbreviated suit on. Twenty years ago we read how a countryman went into a rural postoffice and said:

"Any letters for Mike Howe?"

"Your cow?" replied the postmistress, etc.

We aren't criticising you, ORAL HYGIENE. Not at all! In our moments of desperation we have turned the same trick ourselves.

—*Boston Transcript*



THE *Boston Transcript* hereby kids ORAL HYGIENE and rises to claim, as an old friend, Mike Howe. The *Transcript* editor convicts himself of reading the funny page of the *Literary Digest* which carried three jokes credited to ORAL HYGIENE in a recent issue, and among

them appeared the familiar face of our old friend Mike. We have often wondered just where Mike really came from and hereafter when ORAL HYGIENE finds occasion to introduce the genial Mr. Howe, we shall always refer to him as Mike Howe of the *Boston Transcript*.

Of course, we know that the first time Mike was mentioned in an eastern newspaper was when the *Boston Transcript* came out with scare heads at the beginning of the Revolutionary War and announced to the seething colonies the sad fact that the British Regulars had chased Mike Howe off the Boston Common and had thereby violated all the rules of etiquette in regard to that ancient bovine pasture.

Coming

Dental Prophylaxis, *by R. N. Douglas, D.M.D.*

Personal Observations Gathered from Treatment and Care of 4,000 Children, *by Thomas P. Ryan, D.D.S.*

Fractures of the Mandible, Without the Patient's Knowledge, *by John J. Ogden, D.D.S.*

Dental Orthopedics, *by Moses Joel Eisenberg, D.M.D.*

The California Meeting Story.

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back!

"Is May the kind of a girl that gives you any encouragement?"

"Judge for yourself. The last time I called on her she kept wondering what it would feel like to have whiskers on her face."

VASSAR '25: "Oh, dear, I just can't adjust my curriculum!"

YALE '25: "That's all right. It doesn't show any."

"Shall I go a little farther?" he turned to her and asked sweetly.

"If you do, I'll get out and walk home," she replied.

DRUGGIST: "Pills? (emphasizing question) "Antibilious?"

LITTLE BOY: "No, sir. It's uncle is."

"Is eleven greater than seven?"

"Yes."

"Well, howkum they pay the same for both?"

"Didja see Lucille's Peekineese?"

"Yesh, she powdersh 'em."

FATHER: "Why do you leave the table? We are not through."

SON: "I can't sit down so long."

FATHER: "You sit down, now, or I'll send you away from the table."

BINX: "Conan Doyle claims dogs and cats will have a place in heaven."

JINX: "That may be heaven for the dogs but it will be hell for the cats."

This from Mandy, colored cook: "My husban' is alluz ailin' an' complainin'. I reck'n he's 'bout de medicine takin'est niggah whut is."

THE BRIDE (*inspecting the wedding presents*): "They're awfu' fine, Wullie."

THE BRIDEGROOM: "Ay, but maist o' them are from folks no' yet marrit, Jean."

MOTHER: "Bobby, how many times have I told you not to beat that drum?"

BOBBY: "Six, Mother."

"Are you going any farther West?"

"I planned to," said the foreign visitor. "Is there any danger from Indians?"

"Not if you keep out of the way of their motor cars."

EXAMINER (*questioning applicant for life-saving job*): "What would you do if you saw a woman being washed out to sea?"

APPLICANT: I'd throw her a cake of soap.

EXAMINER: Why a cake of soap?

APPLICANT: To wash her back.

STUDE: "I want permission to be away three days after the end of vacation."

DEAN: "Ah! You want three more days of grace?"

STUDE: "No; three more days of Gertrude."

FATHER: "I've told you time and again not to see that young man, and now for the last time I tell you not to have anything to do with him."

SHE (sobbing): "Oh, father, I want Jack, I do want Jack."

FATHER: "All right. Here's a hundred dollars, but remember what I said."